

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Californians for Fiscal Responsibility

ADDRESS (number and street) ▼

455 Capitol Mall, Suite 600

☐ Check if different than previously reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00617555

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 17 2016

through

M M M / D D D / Y Y Y Y Y Y
05 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas W. Hiltachk

Signature of Treasurer

Thomas W. Hiltachk

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 16 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Californians for Fiscal Responsibility

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 05 / 17 / 2016 To: M M / D D / Y Y Y Y Y Y 05 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	10000.00	
(c) Total Receipts (from Line 19)	564375.00	574375.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	574375.00	574375.00
7. Total Disbursements (from Line 31)	563382.40	563382.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10992.60	10992.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Californians for Fiscal Responsibility

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
05 17 2016

To:

M M / D D / Y Y Y Y Y
05 31 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

550000.00

550000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

550000.00

550000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

14375.00

24375.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

564375.00

574375.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

564375.00

574375.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

564375.00

574375.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	23703.86	23703.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	23703.86	23703.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	539678.54	539678.54
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	563382.40	563382.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	563382.40	563382.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	564375.00	574375.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	564375.00	574375.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	23703.86	23703.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	23703.86	23703.86

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Californians for Fiscal Responsibility

Full Name (Last, First, Middle Initial)

A. Charles Munger, Jr.

Mailing Address 1423 Hamilton Avenue

City State Zip Code
Palo Alto CA 94301

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed - Charles Munger, Jr.

Occupation

Physicist

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

550000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : INCA3

Amount of Each Receipt this Period

550000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

550000.00

TOTAL This Period (last page this line number only).....▶

550000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Californians for Fiscal Responsibility

Full Name (Last, First, Middle Initial)

A. Spirit of Democracy America

Mailing Address 455 Capitol Mall, Suite 600

City State Zip Code
 Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00521211

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

24375.00

Date of Receipt

05 / **18** / **2016**

Transaction ID : NONA2

Amount of Each Receipt this Period

14375.00

☐ Memo Item

In-Kind Contribution - Survey and Research

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

14375.00

14375.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Californians for Fiscal Responsibility

Full Name (Last, First, Middle Initial)

A. Spirit of Democracy America

Mailing Address 455 Capitol Mall, Suite 600

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
In-Kind Contribution - Survey and Research

Candidate Name

Spirit of Democracy AmericaOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2016

Transaction ID : NONB2

Amount of Each Disbursement this Period

14375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tony Siciliani

Mailing Address 3003 O Street

City	State	Zip Code
Sacramento	CA	95816

Purpose of Disbursement
Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2016

Transaction ID : EXPB18

Amount of Each Disbursement this Period

4328.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Revolis Consulting, Inc.

Mailing Address 7185 Navajo Road, Suite P

City	State	Zip Code
San Diego	CA	92119

Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2016

Transaction ID : EXPB6

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23703.86

23703.86

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 9 OF 11
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Californians for Fiscal Responsibility			FEC IDENTIFICATION NUMBER ▼ C C00617555		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Political Data Inc.			Date of Public Distribution/Dissemination 05 / 24 / 2016		
Mailing Address 12501 Imperial Highway, Suite 200			Amount 6750.84		
City Norwalk		State CA	Zip Code 90650		Transaction ID : EDTEALC3 Date of Disbursement or Obligation 05 / 31 / 2016
Purpose of Expenditure Database Services; Dissemination Date 05/24/2016		Category/Type 004			
Name of Federal Candidate Thomas Del Beccaro			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tony Siciliani			Date of Public Distribution/Dissemination 05 / 24 / 2016		
Mailing Address 3003 O Street			Amount 375797.94		
City Sacramento		State CA	Zip Code 95816		Transaction ID : EDTEALC2 Date of Disbursement or Obligation 05 / 23 / 2016
Purpose of Expenditure Direct Mail Services and Postage; Dissemination Date 05/24/2016		Category/Type 004			
Name of Federal Candidate Thomas Del Beccaro			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			382548.78		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Thomas W. Hiltachk</i>			Date 06 / 16 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 11
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Californians for Fiscal Responsibility			FEC IDENTIFICATION NUMBER ▼ C C00617555		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Dawn Dais Designs			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2016		
Mailing Address 101 Saddle Rock Court			Amount 1436.53		
City Roseville		State CA	Zip Code 95747		Transaction ID : EDTEALC5
Purpose of Expenditure Website Services; Dissemination Date 05/26/2016		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2016	
Name of Federal Candidate Thomas Del Beccaro			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Political Data Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2016		
Mailing Address 12501 Imperial Highway, Suite 200			Amount 3070.57		
City Norwalk		State CA	Zip Code 90650		Transaction ID : EDTEALC4
Purpose of Expenditure Database Services; Dissemination Date 05/26/2016		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2016	
Name of Federal Candidate George 'Duf' Sundheim			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4507.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Thomas W. Hiltachk</i>			Date MM / DD / YYYY 06 / 16 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 11
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Californians for Fiscal Responsibility		FEC IDENTIFICATION NUMBER ▼ C C00617555	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY			
Full Name of Payee Tony Siciliani		<input type="checkbox"/> Memo Item	
Mailing Address 3003 O Street		Date of Public Distribution/Dissemination 05 / 26 / 2016	
City Sacramento		State CA	
Zip Code 95816		Amount 152622.66	
Purpose of Expenditure Direct Mail Services and Postage; Dissemination Date 05/26/2016		Category/Type 004	
Name of Federal Candidate George 'Duf' Sundheim		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CA	
539678.54		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee		<input type="checkbox"/> Memo Item	
Mailing Address		Date of Public Distribution/Dissemination	
City		State	
Zip Code		Amount	
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		152622.66	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		539678.54	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Thomas W. Hiltachk</i>		Date 06 / 16 / 2016	
		[Electronically Filed]	